

# EXHIBIT

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Form <b>1040</b>	Department of the Treasury-Internal Revenue Service	<b>2022</b>	OMB No. 1545-0074	IRS Use Only-Do not write or staple in this space.
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**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial <b>TIM</b>	Last name <b>DESROCHERS</b>	Your social security number <b>REDACTED</b>		
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. <b>1401 LAVACA STREET</b>		Apt. no. <b>242</b>		
City, town, or post office. If you have a foreign address, also complete spaces below. <b>AUSTIN</b>		State <b>TX</b>	ZIP code <b>78701</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
<b>Digital Assets</b>	At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Standard Deduction</b>	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien			
<b>Age/Blindness</b>	You: <input type="checkbox"/> Were born before January 2, 1958 <input type="checkbox"/> Are blind	<b>Spouse:</b> <input type="checkbox"/> Was born before January 2, 1958 <input type="checkbox"/> Is blind		
<b>Dependents</b> (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit <input type="checkbox"/> Credit for other dependents <input type="checkbox"/>
<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions) . . . . . b Household employee wages not reported on Form(s) W-2 . . . . . c Tip income not reported on line 1a (see instructions) . . . . . d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . e Taxable dependent care benefits from Form 2441, line 26 . . . . . f Employer-provided adoption benefits from Form 8839, line 29 . . . . . g Wages from Form 8919, line 6 . . . . . h Other earned income (see instructions) . . . . . i Nontaxable combat pay election (see instructions) . . . . . z Add lines 1a through 1h . . . . .	1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 1d <input type="checkbox"/> 1e <input type="checkbox"/> 1f <input type="checkbox"/> 1g <input type="checkbox"/> 1h <input type="checkbox"/> 1i <input type="checkbox"/>	1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 1d <input type="checkbox"/> 1e <input type="checkbox"/> 1f <input type="checkbox"/> 1g <input type="checkbox"/> 1h <input type="checkbox"/> 1i <input type="checkbox"/>	1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 1d <input type="checkbox"/> 1e <input type="checkbox"/> 1f <input type="checkbox"/> 1g <input type="checkbox"/> 1h <input type="checkbox"/> 1i <input type="checkbox"/>
Attach Sch. B if required.	2a Tax-exempt interest . . . . . 3a Qualified dividends . . . . . 4a IRA distributions . . . . . 5a Pensions and annuities . . . . . 6a Social security benefits . . . . . c If you elect to use the lump-sum election method, check here (see instructions) . . . . . 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . 8 Other income from Schedule 1, line 10 . . . . . 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . 10 Adjustments to income from Schedule 1, line 26 . . . . . 11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . 12 Standard deduction or itemized deductions (from Schedule A) . . . . . 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . . 14 Add lines 12 and 13 . . . . . 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .	2a <input type="checkbox"/> 3a <input type="checkbox"/> 4a <input type="checkbox"/> 5a <input type="checkbox"/> 6a <input type="checkbox"/> c <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	2b <input type="checkbox"/> 3b <input type="checkbox"/> 4b <input type="checkbox"/> 5b <input type="checkbox"/> 6b <input type="checkbox"/> b <input type="checkbox"/> b <input type="checkbox"/> b <input type="checkbox"/> b <input type="checkbox"/> b <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>	2b <input type="checkbox"/> 3b <input type="checkbox"/> 4b <input type="checkbox"/> 5b <input type="checkbox"/> 6b <input type="checkbox"/> b <input type="checkbox"/> b <input type="checkbox"/> b <input type="checkbox"/> b <input type="checkbox"/> b <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/>

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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Form **1040** (2022)

Form 1040 (2022)		TIM DESROCHERS		REDACTED	Page 2
<b>Tax and Credits</b>		16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .		16 <input type="checkbox"/> REDACTED
		17	Amount from Schedule 2, line 3 . . .		17 <input type="checkbox"/>
		18	Add lines 16 and 17 . . .		18 <input type="checkbox"/> REDACTED
		19	Child tax credit or credit for other dependents from Schedule 8812 . . .		19 <input type="checkbox"/>
		20	Amount from Schedule 3, line 8 . . .		20 <input type="checkbox"/> REDACTED
		21	Add lines 19 and 20 . . .		21 <input type="checkbox"/> REDACTED
		22	Subtract line 21 from line 18. If zero or less, enter -0- . . .		22 <input type="checkbox"/> REDACTED
		23	Other taxes, including self-employment tax, from Schedule 2, line 21 . . .		23 <input type="checkbox"/> REDACTED
		24	Add lines 22 and 23. This is your <b>total tax</b> . . .		24 <input type="checkbox"/> REDACTED
<b>Payments</b>		25	Federal income tax withheld from:		
		a	Form(s) W-2 . . .		25a <input type="checkbox"/> REDACTED
		b	Form(s) 1099 . . .		25b <input type="checkbox"/>
		c	Other forms (see instructions) . . .		25c <input type="checkbox"/> REDACTED
		d	Add lines 25a through 25c . . .		25d <input type="checkbox"/> REDACTED
		26	2022 estimated tax payments and amount applied from 2021 return . . .		26 <input type="checkbox"/> REDACTED
		27	Earned income credit (EIC) . . .		27 <input type="checkbox"/>
		28	Additional child tax credit from Schedule 8812 . . .		28 <input type="checkbox"/>
		29	American opportunity credit from Form 8863, line 8 . . .		29 <input type="checkbox"/>
		30	Reserved for future use . . .		30 <input type="checkbox"/>
		31	Amount from Schedule 3, line 15 . . .		31 <input type="checkbox"/> REDACTED
		32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . .		32 <input type="checkbox"/> REDACTED
		33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . .		33 <input type="checkbox"/> REDACTED
<b>Refund</b>		34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . .		34 <input type="checkbox"/>
Direct deposit? See instructions.		35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here. <input type="checkbox"/>		35a <input type="checkbox"/> REDACTED
		b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		d	Account number		
		36	Amount of line 34 you want <b>applied to your 2023 estimated tax</b> . . .		36 <input type="checkbox"/>
<b>Amount You Owe</b>		37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . .		37 <input type="checkbox"/> REDACTED
		38	Estimated tax penalty (see instructions) . . .		38 <input type="checkbox"/> REDACTED
<b>Third Party Designee</b>		Do you want to allow another person to discuss this return with the IRS? See instructions . . .		<input type="checkbox"/> Yes. Complete below.	<input checked="" type="checkbox"/> No
		Designee's name		Phone no.	Personal identification number (PIN) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Sign Here</b>		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.		Your signature  29322	Date  04-17-2023	Your occupation  SALES	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Phone no. 706-206-1323	Email address TIM.J.DESROCHERS@OUTLOOK.COM		
<b>Paid Preparer Use Only</b>		Preparer's signature  REDACTED		Date  04-17-2023	PTIN  REDACTED
		Preparer's name <input type="checkbox"/> REDACTED	Phone no. <input type="checkbox"/> REDACTED	Check if: <input type="checkbox"/> Self-employed	
		Firm's name <input type="checkbox"/> REDACTED			
		Firm's address <input type="checkbox"/> REDACTED			
		REDACTED UT REDACTED			
				Firm's EIN <input type="checkbox"/> REDACTED	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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